

COUNTY OF SAN DIEGO
PROVIDER TO PROVIDER ACCOUNT TRANSFER

Employer County of San Diego	Employee ID
Participant Name (Last, First, MI)	Social Security Number
Home Street Address	Home Phone
City, State, Zip	
Department	Mail Stop
Work Street Address	Work Phone
City, State, Zip	

COMPLETE THIS SECTION IF YOU WANT TO TRANSFER FROM T. ROWE PRICE TO HARTFORD

- ☐ Transfer _____ (\$ or %) from my T. Rowe Price 457 Deferred Compensation account to my Hartford 457 Deferred Compensation account (Group #150013)
☐ Transfer _____ (\$ or %) from my T. Rowe Price 401(a) Incentive Retirement Deferred Compensation account to my Hartford 401(a) Incentive Retirement Deferred Compensation account (Group #150014)

Allocation Information

I elect to have my transferred amount allocated as follows. Selections must total 100%. If no allocation information is provided, then your transfer will be credited to your account according to your current Investment Election. Please refer to the Performance Report for a complete list of all available 457 and 401(a) funds. Please call the San Diego Regional Office at **1-888-457-STAG (7824)**, select Option 1, with any questions.

Investment Choice	%	Investment Choice	%

Please make check payable to:

The Hartford Life
For the benefit of: _____

Participant Name

Social Security Number and Group Number

P.O. Box 1583
Hartford, CT 06144-1583

COMPLETE THIS SECTION IF YOU WANT TO TRANSFER FROM HARTFORD TO T. ROWE PRICE

- ☐ Transfer _____ (\$ or %) from my Hartford 457 Deferred Compensation account to my T. Rowe Price 457 Deferred Compensation account (Group #250931)
☐ Transfer _____ (\$ or %) from my Hartford 401(a) Incentive Retirement Deferred Compensation account to my T. Rowe Price 401(a) Incentive Retirement Deferred Compensation account (Group #250938)

Allocation Information

The transfer amount will be credited to your T. Rowe Price account according to your current Investment Election. If you want to change your Investment Election in your 457 Plan account, then please call 1-888-457-5770. If you want to change your Investment Election in your 401(a) Plan account, then please call 1-800-922-9945.

Please make check payable to:

T. Rowe Price Trust Company
For the benefit of: _____

Participant Name

Social Security Number and Group Number

P.O. Box 17215
Baltimore, MD 21297-1215

I certify that I am a Participant in my Employer's 457 Deferred Compensation and/or 401(a) Incentive Retirement Deferred Compensation Plan(s). I hereby request the transfer(s) indicated above.

Participant Signature

Date

I authorize this transfer request.

Authorized Plan Sponsor Signature (County of San Diego)

Date

Return this form to:

**Treasurer-Tax Collector
Deferred Compensation Division
1600 Pacific Hwy., Room 152
San Diego, CA 92101**

or

County Mail Stop: A-49